

3.5 What is the Medicare Population's Access to Care and How Satisfied are They with Their Care?



Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1999

Community-Only Residents¹

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Indicator of Access to Care ²	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	37,680	4,988	18,223	11,294	3,175	2,814	8,362	4,625	1,013	16,814	2,173	9,861	6,669	2,162	20,866
	147	103	183	110	81	78	124	94	43	132	62	137	90	66	139
Beneficiaries as a Percentage of Column Total															
Access to Care															
Usual Source of Care															
None ³	5.79	6.89	6.13	4.78	5.72	8.16	7.58	5.00	5.94*	6.86	5.23*	4.91	4.63	5.61	4.93
	0.25	0.69	0.37	0.39	0.61	1.07	0.57	0.56	1.28	0.39	0.80	0.48	0.53	0.70	0.29
Doctor's office	70.60	65.27	68.93	74.21	75.63	61.86	66.19	72.29	73.61	67.60	69.69	71.25	75.55	76.59	73.02
	0.63	1.63	0.85	0.79	1.20	2.19	1.13	1.18	2.14	0.81	2.04	1.02	0.90	1.32	0.69
Doctor's clinic	9.47	9.62	9.66	9.42	8.32	8.98	9.31	9.41	8.22*	9.21	10.44	9.97	9.44	8.37	9.68
	0.38	0.90	0.52	0.49	0.82	1.04	0.73	0.64	1.38	0.47	1.56	0.62	0.52	0.82	0.46
HMO ⁴	7.63	5.06	8.91	7.22	5.77	4.37*	8.82	7.29	7.12*	7.56	5.96*	8.98	7.17	5.14*	7.69
	0.36	0.66	0.55	0.45	0.67	0.81	0.76	0.70	1.23	0.48	1.03	0.64	0.53	0.77	0.42
Hospital OPD/ER ⁵	2.54	5.63	2.55	1.40	1.72*	6.29	2.74	1.32*	0.93*	2.83	4.77*	2.39	1.45*	2.09*	2.30
	0.17	0.67	0.28	0.19	0.33	0.90	0.44	0.32	0.33	0.26	0.85	0.31	0.24	0.48	0.19
Other clinic/health center	3.96	7.54	3.81	2.97	2.84*	10.33	5.36	4.70	4.18*	5.93	3.90*	2.50	1.76*	2.21*	2.38
	0.21	0.71	0.34	0.31	0.43	1.18	0.57	0.59	0.95	0.35	0.68	0.33	0.26	0.43	0.23
Difficulty Obtaining Care															
Yes	3.67	9.60	2.94	2.76	1.86*	9.11	2.58	2.52*	1.80*	3.61	10.23	3.24	2.93	1.88*	3.72
	0.23	0.80	0.26	0.32	0.33	1.09	0.34	0.43	0.58	0.30	1.12	0.39	0.38	0.41	0.27
No	96.33	90.40	97.06	97.24	98.14	90.89	97.42	97.48	98.20	96.39	89.77	96.76	97.07	98.12	96.28
	0.23	0.80	0.26	0.32	0.33	1.09	0.34	0.43	0.58	0.30	1.12	0.39	0.38	0.41	0.27
Delayed Care Due to Cost															
Yes	6.75	20.36	5.48	3.92	2.87*	17.42	4.46	2.85*	1.64*	6.01	24.19	6.34	4.67	3.46*	7.34
	0.28	1.16	0.36	0.28	0.51	1.49	0.51	0.36	0.57	0.35	1.98	0.57	0.41	0.68	0.38
No	93.25	79.64	94.52	96.08	97.13	82.58	95.54	97.15	98.36	93.99	75.81	93.66	95.33	96.54	92.66
	0.28	1.16	0.36	0.28	0.51	1.49	0.51	0.36	0.57	0.35	1.98	0.57	0.41	0.68	0.38

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1999

Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	37,680	4,988	18,223	11,294	3,175	2,814	8,362	4,625	1,013	16,814	2,173	9,861	6,669	2,162	20,866
	<i>147</i>	<i>103</i>	<i>183</i>	<i>110</i>	<i>81</i>	<i>78</i>	<i>124</i>	<i>94</i>	<i>43</i>	<i>132</i>	<i>62</i>	<i>137</i>	<i>90</i>	<i>66</i>	<i>139</i>
Beneficiaries as a Percentage of Column Total															
Continuity of Care															
Length of Association with Usual Source of Care															
No usual source ³	5.81	6.93	6.15	4.79	5.76	8.23	7.61	5.00	5.95*	6.89	5.24*	4.93	4.65	5.67	4.95
	<i>0.25</i>	<i>0.70</i>	<i>0.37</i>	<i>0.39</i>	<i>0.61</i>	<i>1.08</i>	<i>0.57</i>	<i>0.57</i>	<i>1.28</i>	<i>0.39</i>	<i>0.80</i>	<i>0.48</i>	<i>0.53</i>	<i>0.70</i>	<i>0.29</i>
Less than 1 year	9.51	9.69	9.81	9.07	9.09	8.97	8.07	8.98	8.48*	8.50	10.62	11.29	9.13	9.38	10.33
	<i>0.31</i>	<i>0.83</i>	<i>0.48</i>	<i>0.45</i>	<i>0.74</i>	<i>1.16</i>	<i>0.74</i>	<i>0.71</i>	<i>1.41</i>	<i>0.50</i>	<i>1.40</i>	<i>0.73</i>	<i>0.61</i>	<i>0.84</i>	<i>0.43</i>
1 to less than 3 years	19.42	23.56	19.06	18.30	19.06	22.81	18.41	16.98	19.95	18.83	24.52	19.61	19.23	18.64	19.89
	<i>0.42</i>	<i>1.30</i>	<i>0.59</i>	<i>0.70</i>	<i>1.06</i>	<i>1.61</i>	<i>0.78</i>	<i>1.10</i>	<i>2.23</i>	<i>0.58</i>	<i>2.24</i>	<i>0.76</i>	<i>0.79</i>	<i>1.32</i>	<i>0.52</i>
3 to less than 5 years	16.26	19.80	16.08	15.53	14.35	20.79	15.84	14.90	13.82	16.28	18.52	16.29	15.96	14.60	16.24
	<i>0.38</i>	<i>1.14</i>	<i>0.59</i>	<i>0.71</i>	<i>1.02</i>	<i>1.52</i>	<i>0.87</i>	<i>1.07</i>	<i>1.75</i>	<i>0.53</i>	<i>1.67</i>	<i>0.70</i>	<i>0.92</i>	<i>1.27</i>	<i>0.50</i>
5 years or more	48.99	40.02	48.89	52.30	51.74	39.19	50.08	54.14	51.80	49.50	41.10	47.89	51.03	51.71	48.58
	<i>0.55</i>	<i>1.25</i>	<i>0.78</i>	<i>0.78</i>	<i>1.42</i>	<i>1.53</i>	<i>1.04</i>	<i>1.25</i>	<i>2.53</i>	<i>0.67</i>	<i>2.20</i>	<i>1.12</i>	<i>1.05</i>	<i>1.63</i>	<i>0.74</i>

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File, CY 1999 Access to Care Public Use File, supplemented by CY 1998 and CY 2000 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1999 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 25 (i.e., the 1999 Access to Care Public Use File) were taken from their Round 22 interview (i.e., the 1998 Access to Care Public Use File) or from their Round 28 interview (i.e., the 2000 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 *HMO* stands for Health Maintenance Organization.
- 5 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1999

Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total	All Medicare Beneficiaries				Male					Female				
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,680	4,988	18,223	11,294	3,175	2,814	8,362	4,625	1,013	16,814	2,173	9,861	6,669	2,162	20,866
	147	103	183	110	81	78	124	94	43	132	62	137	90	66	139
Beneficiaries as a Percentage of Column Total³															
Quality of Care															
General Care															
Very satisfied	28.44	23.68	31.46	27.65	21.33	24.22	32.04	28.82	22.13	29.25	22.98	30.97	26.83	20.95	27.79
	0.68	1.61	0.78	0.95	1.30	2.08	1.06	1.41	2.03	0.85	1.99	0.98	1.13	1.53	0.76
(Very) Unsatisfied	3.43	5.30	2.67	3.68	4.02	5.07	1.82*	3.68	3.61*	2.98	5.59*	3.38	3.68	4.21*	3.79
	0.18	0.58	0.25	0.32	0.61	0.82	0.28	0.48	0.98	0.24	0.88	0.35	0.41	0.81	0.24
Follow-up Care															
Very satisfied	17.55	16.13	19.90	15.83	12.42	16.26	19.96	16.01	13.29	17.85	15.97	19.85	15.70	12.01	17.31
	0.52	1.17	0.72	0.72	0.91	1.61	0.93	1.14	1.71	0.66	1.63	0.89	0.80	1.11	0.59
(Very) Unsatisfied	3.11	5.59	2.66	2.83	2.76*	4.01	2.42	2.70*	3.10*	2.80	7.65*	2.87	2.93	2.60*	3.35
	0.18	0.67	0.27	0.29	0.48	0.67	0.32	0.45	0.91	0.23	1.28	0.40	0.35	0.59	0.28
Access/Coordination of Care															
Availability															
Very satisfied	10.05	10.17	10.67	9.26	9.07	10.88	11.45	9.42	9.60*	10.68	9.24	10.01	9.14	8.81	9.53
	0.40	1.13	0.58	0.52	0.77	1.52	0.69	0.71	1.54	0.49	1.44	0.79	0.71	0.99	0.50
(Very) Unsatisfied	2.89	5.62	2.67	2.27	2.09*	5.59	2.11	2.67*	2.60*	2.87	5.66*	3.14	1.99*	1.85*	2.90
	0.22	0.66	0.30	0.28	0.39	0.97	0.35	0.45	0.78	0.30	1.09	0.39	0.30	0.49	0.25
Ease of Access to Doctor															
Very satisfied	18.16	12.57	21.54	16.61	12.97	12.48	20.91	17.37	14.31	18.13	12.69	22.08	16.08	12.34	18.19
	0.54	0.99	0.72	0.73	0.94	1.33	0.83	1.06	1.74	0.64	1.40	0.97	0.86	1.12	0.65
(Very) Unsatisfied	5.28	9.46	4.25	4.78	6.52	8.99	3.74	4.46	6.01*	4.95	10.08	4.68	5.00	6.75	5.55
	0.24	0.91	0.29	0.37	0.72	1.19	0.36	0.50	1.42	0.37	1.33	0.41	0.51	0.78	0.29
Can Obtain Care in Same Location															
Very satisfied	13.89	12.36	16.12	12.00	10.24	13.23	16.16	12.51	8.90*	14.23	11.23	16.08	11.64	10.87	13.62
	0.45	1.07	0.65	0.65	0.76	1.54	0.91	0.92	1.27	0.64	1.33	0.87	0.71	0.92	0.54
(Very) Unsatisfied	4.27	7.06	4.00	3.55	4.02	5.48	3.68	3.83	2.93*	3.98	9.13	4.26	3.35	4.54*	4.50
	0.26	0.64	0.39	0.35	0.60	0.71	0.45	0.51	0.71	0.33	1.38	0.49	0.43	0.79	0.33

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 1999

Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total	All Medicare Beneficiaries				Male					Female				
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,680	4,988	18,223	11,294	3,175	2,814	8,362	4,625	1,013	16,814	2,173	9,861	6,669	2,162	20,866
	<i>147</i>	<i>103</i>	<i>183</i>	<i>110</i>	<i>81</i>	<i>78</i>	<i>124</i>	<i>94</i>	<i>43</i>	<i>132</i>	<i>62</i>	<i>137</i>	<i>90</i>	<i>66</i>	<i>139</i>
Beneficiaries as a Percentage of Column Total³															
Relationship with Primary Doctor															
Information from Doctor															
Very satisfied	17.69	17.25	20.88	14.49	11.39	18.22	20.94	15.68	12.06	18.50	15.98	20.83	13.66	11.07	17.03
	<i>0.54</i>	<i>1.22</i>	<i>0.74</i>	<i>0.74</i>	<i>0.91</i>	<i>1.68</i>	<i>0.95</i>	<i>1.12</i>	<i>1.60</i>	<i>0.69</i>	<i>1.61</i>	<i>1.01</i>	<i>0.82</i>	<i>1.07</i>	<i>0.63</i>
(Very) Unsatisfied	5.10	8.69	4.34	4.99	4.32	7.08	3.49	5.17	3.85*	4.57	10.79	5.05	4.87	4.55*	5.53
	<i>0.24</i>	<i>0.80</i>	<i>0.36</i>	<i>0.36</i>	<i>0.50</i>	<i>0.93</i>	<i>0.42</i>	<i>0.53</i>	<i>1.01</i>	<i>0.31</i>	<i>1.54</i>	<i>0.52</i>	<i>0.43</i>	<i>0.62</i>	<i>0.36</i>
Doctor's Concern for Overall Health															
Very satisfied	19.51	18.53	21.62	17.80	14.97	18.44	22.26	18.57	14.79	20.16	18.65	21.08	17.28	15.05	18.99
	<i>0.53</i>	<i>1.13</i>	<i>0.73</i>	<i>0.78</i>	<i>0.95</i>	<i>1.58</i>	<i>0.92</i>	<i>1.10</i>	<i>1.84</i>	<i>0.67</i>	<i>1.83</i>	<i>0.94</i>	<i>0.90</i>	<i>1.13</i>	<i>0.61</i>
(Very) Unsatisfied	4.74	7.33	4.29	4.55	3.99	5.71	3.64	3.95	2.74*	4.02	9.43	4.84	4.97	4.58*	5.33
	<i>0.22</i>	<i>0.68</i>	<i>0.33</i>	<i>0.32</i>	<i>0.58</i>	<i>0.77</i>	<i>0.41</i>	<i>0.53</i>	<i>0.88</i>	<i>0.31</i>	<i>1.44</i>	<i>0.48</i>	<i>0.42</i>	<i>0.76</i>	<i>0.32</i>
Cost of Care															
Cost															
Very satisfied	16.80	12.40	19.37	15.55	13.35	13.94	20.49	17.14	13.52	18.05	10.39	18.42	14.44	13.26	15.79
	<i>0.54</i>	<i>1.22</i>	<i>0.69</i>	<i>0.81</i>	<i>0.95</i>	<i>1.79</i>	<i>0.88</i>	<i>1.19</i>	<i>1.64</i>	<i>0.66</i>	<i>1.22</i>	<i>0.91</i>	<i>0.83</i>	<i>1.13</i>	<i>0.62</i>
(Very) Unsatisfied	11.93	21.28	10.19	11.07	10.43	20.73	9.03	10.17	11.20	11.43	22.01	11.17	11.70	10.07	12.34
	<i>0.40</i>	<i>1.37</i>	<i>0.51</i>	<i>0.53</i>	<i>0.89</i>	<i>1.62</i>	<i>0.66</i>	<i>0.77</i>	<i>1.46</i>	<i>0.55</i>	<i>2.00</i>	<i>0.70</i>	<i>0.73</i>	<i>1.03</i>	<i>0.50</i>

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File, CY 1999 Access to Care Public Use File, supplemented by CY 1998 and CY 2000 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1999 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 25 (i.e., the 1999 Access to Care Public Use File) were taken from their Round 22 interview (i.e., the 1998 Access to Care Public Use File) or from their Round 28 interview (i.e., the 2000 Access to Care Public Use File).
- 3 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1999

Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,680	3,372	14,568	9,574	2,633	30,148	800	1,489	768	259	3,316	543	1,319	609	214	2,685
	<i>147</i>	<i>100</i>	<i>185</i>	<i>125</i>	<i>82</i>	<i>268</i>	<i>38</i>	<i>62</i>	<i>36</i>	<i>19</i>	<i>79</i>	<i>53</i>	<i>119</i>	<i>71</i>	<i>28</i>	<i>228</i>
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ⁴	5.79	6.66	5.68	4.10	5.14	5.24	6.62*	5.95*	9.92*	7.88*	7.18	8.53*	9.50*	6.50*	12.03*	8.82
	<i>0.25</i>	<i>0.77</i>	<i>0.38</i>	<i>0.43</i>	<i>0.62</i>	<i>0.26</i>	<i>1.45</i>	<i>1.24</i>	<i>1.76</i>	<i>2.44</i>	<i>0.68</i>	<i>2.78</i>	<i>1.60</i>	<i>1.53</i>	<i>3.37</i>	<i>0.95</i>
Doctor's office	70.60	69.02	71.32	76.28	77.54	73.18	59.64	62.07	62.54	70.35	62.24	53.70	57.04	61.59	59.34	57.58
	<i>0.63</i>	<i>1.89</i>	<i>0.89</i>	<i>0.86</i>	<i>1.25</i>	<i>0.69</i>	<i>3.01</i>	<i>2.74</i>	<i>3.25</i>	<i>3.45</i>	<i>1.82</i>	<i>5.12</i>	<i>2.57</i>	<i>3.13</i>	<i>4.93</i>	<i>1.93</i>
Doctor's clinic	9.47	10.33	10.58	9.84	8.84	10.16	9.08*	5.65*	5.80*	4.58*	6.42	6.01*	4.35*	6.56*	7.14*	5.41
	<i>0.38</i>	<i>1.18</i>	<i>0.62</i>	<i>0.56</i>	<i>0.91</i>	<i>0.45</i>	<i>1.90</i>	<i>0.98</i>	<i>1.53</i>	<i>2.00</i>	<i>0.85</i>	<i>1.88</i>	<i>1.04</i>	<i>1.59</i>	<i>2.40</i>	<i>0.87</i>
HMO ⁵	7.63	4.52	8.17	6.72	5.34	7.06	3.46*	9.36*	7.40*	4.72*	7.12	11.61*	15.99	13.51*	11.04*	14.15
	<i>0.36</i>	<i>0.68</i>	<i>0.58</i>	<i>0.49</i>	<i>0.66</i>	<i>0.39</i>	<i>1.14</i>	<i>1.80</i>	<i>1.46</i>	<i>1.50</i>	<i>0.95</i>	<i>3.12</i>	<i>2.41</i>	<i>3.12</i>	<i>4.90</i>	<i>1.87</i>
Hospital OPD/ER ⁶	2.54	2.98*	1.33*	0.73*	0.89*	1.28	11.50*	9.25*	6.03*	8.18*	8.96	11.35*	7.50*	5.54*	3.34*	7.50
	<i>0.17</i>	<i>0.41</i>	<i>0.20</i>	<i>0.16</i>	<i>0.28</i>	<i>0.13</i>	<i>2.05</i>	<i>1.57</i>	<i>1.56</i>	<i>1.90</i>	<i>1.03</i>	<i>4.08</i>	<i>1.91</i>	<i>1.30</i>	<i>1.98</i>	<i>0.76</i>
Other clinic/health center	3.96	6.49	2.92	2.35	2.25*	3.08	9.70*	7.72*	8.31*	4.29*	8.06	8.80*	5.62*	6.30*	7.12*	6.54
	<i>0.21</i>	<i>0.86</i>	<i>0.33</i>	<i>0.27</i>	<i>0.48</i>	<i>0.19</i>	<i>2.02</i>	<i>1.52</i>	<i>1.79</i>	<i>1.67</i>	<i>0.92</i>	<i>2.63</i>	<i>1.27</i>	<i>2.19</i>	<i>1.97</i>	<i>1.10</i>
Difficulty Obtaining Care																
Yes	3.67	9.64	2.74	2.60	1.55*	3.36	4.53*	2.94*	2.35*	3.48*	3.23*	11.27*	4.55*	5.19*	4.17*	6.02
	<i>0.23</i>	<i>0.90</i>	<i>0.28</i>	<i>0.34</i>	<i>0.34</i>	<i>0.21</i>	<i>1.14</i>	<i>0.89</i>	<i>1.00</i>	<i>1.69</i>	<i>0.58</i>	<i>2.82</i>	<i>1.52</i>	<i>2.14</i>	<i>2.18</i>	<i>1.46</i>
No	96.33	90.36	97.26	97.40	98.45	96.64	95.47	97.06	97.65	96.52	96.77	88.73	95.45	94.81	95.83	93.98
	<i>0.23</i>	<i>0.90</i>	<i>0.28</i>	<i>0.34</i>	<i>0.34</i>	<i>0.21</i>	<i>1.14</i>	<i>0.89</i>	<i>1.00</i>	<i>1.69</i>	<i>0.58</i>	<i>2.82</i>	<i>1.52</i>	<i>2.14</i>	<i>2.18</i>	<i>1.46</i>
Delayed Care Due to Cost																
Yes	6.75	22.05	5.13	3.55	2.63*	6.30	12.74*	7.48*	5.52*	5.86*	8.17	14.98*	7.41*	6.71*	3.19*	8.44
	<i>0.28</i>	<i>1.46</i>	<i>0.38</i>	<i>0.27</i>	<i>0.53</i>	<i>0.29</i>	<i>2.08</i>	<i>1.39</i>	<i>1.06</i>	<i>2.29</i>	<i>0.89</i>	<i>3.34</i>	<i>1.93</i>	<i>1.84</i>	<i>1.69</i>	<i>1.56</i>
No	93.25	77.95	94.87	96.45	97.37	93.70	87.26	92.52	94.48	94.14	91.83	85.02	92.59	93.29	96.81	91.56
	<i>0.28</i>	<i>1.46</i>	<i>0.38</i>	<i>0.27</i>	<i>0.53</i>	<i>0.29</i>	<i>2.08</i>	<i>1.39</i>	<i>1.06</i>	<i>2.29</i>	<i>0.89</i>	<i>3.34</i>	<i>1.93</i>	<i>1.84</i>	<i>1.69</i>	<i>1.56</i>

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1999

Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,680	3,372	14,568	9,574	2,633	30,148	800	1,489	768	259	3,316	543	1,319	609	214	2,685
	<i>147</i>	<i>100</i>	<i>185</i>	<i>125</i>	<i>82</i>	<i>268</i>	<i>38</i>	<i>62</i>	<i>36</i>	<i>19</i>	<i>79</i>	<i>53</i>	<i>119</i>	<i>71</i>	<i>28</i>	<i>228</i>
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ⁴	5.81	6.70	5.69	4.11	5.18	5.26	6.67*	5.98*	9.97*	7.88*	7.22	8.55*	9.58*	6.50*	12.16*	8.87
	<i>0.25</i>	<i>0.77</i>	<i>0.39</i>	<i>0.43</i>	<i>0.62</i>	<i>0.26</i>	<i>1.47</i>	<i>1.24</i>	<i>1.77</i>	<i>2.44</i>	<i>0.68</i>	<i>2.79</i>	<i>1.60</i>	<i>1.53</i>	<i>3.40</i>	<i>0.96</i>
Less than 1 year	9.51	9.97	9.55	8.94	9.16	9.37	8.87*	9.80*	8.81*	8.39*	9.24	8.93*	12.42*	11.15*	5.14*	10.84
	<i>0.31</i>	<i>0.95</i>	<i>0.55</i>	<i>0.50</i>	<i>0.80</i>	<i>0.34</i>	<i>1.74</i>	<i>1.61</i>	<i>1.88</i>	<i>2.15</i>	<i>0.88</i>	<i>2.07</i>	<i>2.15</i>	<i>2.07</i>	<i>2.00</i>	<i>1.20</i>
1 to less than 3 years	19.42	23.66	18.20	18.03	17.70	18.71	23.40	20.83	17.64	26.89*	21.19	24.76*	26.02	24.30	27.01*	25.45
	<i>0.42</i>	<i>1.56</i>	<i>0.73</i>	<i>0.77</i>	<i>1.09</i>	<i>0.51</i>	<i>3.06</i>	<i>2.03</i>	<i>2.61</i>	<i>4.76</i>	<i>1.61</i>	<i>4.54</i>	<i>2.35</i>	<i>3.30</i>	<i>4.58</i>	<i>1.73</i>
3 to less than 5 years	16.26	20.08	15.71	15.42	13.83	15.94	18.00	17.58	13.73*	16.18*	16.68	20.86*	17.50	17.60*	17.19*	18.18
	<i>0.38</i>	<i>1.41</i>	<i>0.66</i>	<i>0.81</i>	<i>1.07</i>	<i>0.44</i>	<i>1.92</i>	<i>1.81</i>	<i>1.92</i>	<i>3.70</i>	<i>1.21</i>	<i>3.30</i>	<i>2.64</i>	<i>2.52</i>	<i>5.20</i>	<i>1.31</i>
5 years or more	48.99	39.59	50.85	53.49	54.13	50.72	43.05	45.82	49.85	40.66	45.68	36.90	34.48	40.44	38.50*	36.65
	<i>0.55</i>	<i>1.52</i>	<i>0.92</i>	<i>0.89</i>	<i>1.61</i>	<i>0.62</i>	<i>3.10</i>	<i>2.16</i>	<i>2.77</i>	<i>4.18</i>	<i>1.35</i>	<i>4.03</i>	<i>3.67</i>	<i>3.76</i>	<i>4.23</i>	<i>1.87</i>

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File, CY 1999 Access to Care Public Use File, supplemented by CY 1998 and CY 2000 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1999 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Responses for sample persons not interviewed in Round 25 (i.e., the 1999 Access to Care Public Use File) were taken from their Round 22 interview (i.e., the 1998 Access to Care Public Use File) or from their Round 28 interview (i.e., the 2000 Access to Care Public Use File).

3 *Total* includes persons of *other race/ethnicity* and persons who did not report their race/ethnicity.

4 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.

5 *HMO* stands for Health Maintenance Organization.

6 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1999

Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,680	3,372	14,568	9,574	2,633	30,148	800	1,489	768	259	3,316	543	1,319	609	214	2,685
	147	100	185	125	82	268	38	62	36	19	79	53	119	71	28	228
Beneficiaries as a Percentage of Column Total⁴																
Quality of Care																
General Care																
Very satisfied	28.44	26.06	34.56	29.01	23.52	30.88	19.58	15.61	18.77	7.11*	16.63	18.67*	20.43	18.23*	12.23*	18.92
	0.68	1.92	0.92	1.06	1.50	0.77	2.63	1.87	2.18	2.27	1.18	4.66	2.92	3.06	3.01	2.69
(Very) Unsatisfied	3.43	5.82	2.28	3.83	3.51*	3.27	1.96*	3.35*	0.77*	5.30*	2.57*	6.36*	3.45*	3.37*	6.59*	4.27*
	0.18	0.73	0.25	0.37	0.64	0.19	0.76	0.81	0.55	2.09	0.39	2.29	1.01	1.27	2.68	0.70
Follow-up Care																
Very satisfied	17.55	18.10	21.76	16.56	12.96	18.93	10.30*	9.06*	9.95*	5.88*	9.31	16.11*	15.49	14.42*	11.98*	15.09
	0.52	1.53	0.87	0.79	1.07	0.62	1.90	1.64	1.65	2.28	0.80	2.97	2.76	3.30	2.94	2.24
(Very) Unsatisfied	3.11	5.58	2.52	2.73	2.72*	2.95	2.58*	1.93*	2.76*	1.78*	2.27*	7.78*	2.53*	1.71*	4.23*	3.54*
	0.18	0.76	0.27	0.30	0.50	0.18	1.00	0.67	0.99	1.28	0.49	2.26	0.69	0.89	2.15	0.61
Access/Coordination of Care																
Availability																
Very satisfied	10.05	10.35	11.12	9.66	9.66	10.44	7.88*	4.97*	4.03*	1.30*	5.16	11.77*	12.27*	10.22*	10.08*	11.53
	0.40	1.37	0.65	0.59	0.87	0.45	1.55	1.26	1.20	0.89	0.72	3.21	2.52	2.13	2.96	2.04
(Very) Unsatisfied	2.89	5.31	2.85	2.34	1.79*	2.87	4.01*	1.49*	1.21*	4.10*	2.24*	6.10*	2.42*	2.00*	4.02*	3.19*
	0.22	0.61	0.32	0.33	0.39	0.23	1.41	0.57	0.61	1.91	0.47	2.74	0.94	0.76	2.06	0.78
Ease of Access to Doctor																
Very satisfied	18.16	13.74	23.58	17.53	13.73	19.70	9.27*	10.43*	11.30*	5.62*	9.98	14.38*	14.96	10.78*	12.47*	13.70
	0.54	1.21	0.86	0.84	1.10	0.63	1.78	1.70	1.75	1.85	0.98	3.64	2.74	2.44	2.77	2.36
(Very) Unsatisfied	5.28	9.14	3.80	4.57	6.20	4.85	5.47*	4.53*	5.14*	9.16*	5.26	14.92*	8.31*	8.98*	8.22*	9.79
	0.24	1.06	0.32	0.37	0.77	0.26	1.26	1.01	1.32	2.92	0.63	3.29	1.65	1.89	3.12	1.28
Can Obtain Care in Same Location																
Very satisfied	13.89	13.22	17.12	12.37	10.85	14.63	9.38*	9.47*	6.58*	1.28*	8.13	12.93*	13.75	14.10*	11.41*	13.48
	0.45	1.31	0.69	0.71	0.87	0.51	1.81	1.60	1.50	0.88	0.78	3.23	2.78	2.84	2.60	2.25
(Very) Unsatisfied	4.27	7.44	4.01	3.67	3.83*	4.27	3.78*	2.51*	2.08*	6.64*	3.04*	7.52*	2.86*	3.00*	4.37*	3.95*
	0.26	0.72	0.43	0.40	0.62	0.29	1.18	0.66	0.84	2.35	0.56	2.25	0.75	0.91	2.24	0.66

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 1999

Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,680	3,372	14,568	9,574	2,633	30,148	800	1,489	768	259	3,316	543	1,319	609	214	2,685
	<i>147</i>	<i>100</i>	<i>185</i>	<i>125</i>	<i>82</i>	<i>268</i>	<i>38</i>	<i>62</i>	<i>36</i>	<i>19</i>	<i>79</i>	<i>53</i>	<i>119</i>	<i>71</i>	<i>28</i>	<i>228</i>
Beneficiaries as a Percentage of Column Total⁴																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	17.69	19.60	22.75	15.10	12.13	19.05	11.33*	10.62*	8.69*	4.54*	9.87	15.11*	14.42	15.00*	10.98*	14.41
	<i>0.54</i>	<i>1.59</i>	<i>0.90</i>	<i>0.83</i>	<i>1.05</i>	<i>0.65</i>	<i>1.94</i>	<i>1.52</i>	<i>1.57</i>	<i>1.67</i>	<i>0.87</i>	<i>2.86</i>	<i>3.10</i>	<i>3.00</i>	<i>2.69</i>	<i>2.30</i>
(Very) Unsatisfied	5.10	9.93	4.02	5.02	4.41*	5.03	2.74*	5.04*	4.83*	1.85*	4.19*	6.95*	3.20*	3.52*	7.71*	4.39*
	<i>0.24</i>	<i>0.93</i>	<i>0.39</i>	<i>0.38</i>	<i>0.53</i>	<i>0.25</i>	<i>1.00</i>	<i>1.24</i>	<i>1.39</i>	<i>1.33</i>	<i>0.71</i>	<i>2.04</i>	<i>0.82</i>	<i>1.52</i>	<i>2.77</i>	<i>0.66</i>
Doctor's Concern for Overall Health																
Very satisfied	19.51	20.72	23.22	18.38	16.18	20.80	13.00*	11.89	12.59*	5.44*	11.82	16.28*	16.73	16.45*	11.94*	16.19
	<i>0.53</i>	<i>1.47</i>	<i>0.87</i>	<i>0.82</i>	<i>1.15</i>	<i>0.62</i>	<i>1.65</i>	<i>1.69</i>	<i>2.08</i>	<i>1.95</i>	<i>1.02</i>	<i>3.17</i>	<i>2.85</i>	<i>3.70</i>	<i>2.81</i>	<i>2.33</i>
(Very) Unsatisfied	4.74	7.99	4.15	4.97	3.92*	4.82	3.30*	4.16*	1.42*	3.42*	3.27*	7.76*	3.71*	1.64*	5.46*	4.21*
	<i>0.22</i>	<i>0.84</i>	<i>0.36</i>	<i>0.39</i>	<i>0.62</i>	<i>0.23</i>	<i>1.05</i>	<i>1.19</i>	<i>0.71</i>	<i>1.74</i>	<i>0.59</i>	<i>2.64</i>	<i>0.76</i>	<i>0.84</i>	<i>2.17</i>	<i>0.73</i>
Cost of Care																
Cost																
Very satisfied	16.80	12.80	20.62	15.72	13.65	17.59	9.00*	10.18*	10.37*	8.62*	9.82	15.00*	14.84	15.91*	11.12*	14.82
	<i>0.54</i>	<i>1.38</i>	<i>0.81</i>	<i>0.89</i>	<i>1.08</i>	<i>0.61</i>	<i>1.98</i>	<i>1.65</i>	<i>1.89</i>	<i>2.74</i>	<i>0.92</i>	<i>3.13</i>	<i>2.72</i>	<i>3.40</i>	<i>2.74</i>	<i>2.22</i>
(Very) Unsatisfied	11.93	22.24	10.13	11.07	9.74	11.75	18.56	13.02	14.51*	14.64*	14.83	15.75*	10.26*	9.91*	11.57*	11.40
	<i>0.40</i>	<i>1.70</i>	<i>0.58</i>	<i>0.62</i>	<i>0.93</i>	<i>0.47</i>	<i>2.09</i>	<i>1.75</i>	<i>2.01</i>	<i>3.01</i>	<i>1.09</i>	<i>3.41</i>	<i>1.38</i>	<i>2.09</i>	<i>3.05</i>	<i>1.05</i>

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File, CY 1999 Access to Care Public Use File, supplemented by CY 1998 and CY 2000 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1999 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 25 (i.e., the 1999 Access to Care Public Use File) were taken from their Round 22 interview (i.e., the 1998 Access to Care Public Use File) or from their Round 28 interview (i.e., the 2000 Access to Care Public Use File).
- 3 *Total* includes persons of *other race/ethnicity* and persons who did not report their race/ethnicity.
- 4 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1999

Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,680	1,126	4,492	4,257	1,588	11,463	2,063	11,528	5,387	720	19,697	1,755	2,181	1,650	867	6,453
	147	70	150	100	55	204	84	178	115	42	200	69	96	77	44	150
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ³	5.79	8.16*	6.72	5.83	5.47*	6.36	3.43*	5.52	3.62	5.38*	4.78	10.14	8.15	5.87*	6.45*	7.88
	0.25	1.46	0.77	0.70	0.74	0.42	0.72	0.44	0.51	1.31	0.30	1.50	1.17	1.03	1.22	0.59
Doctor's office	70.60	56.54	66.39	74.16	77.06	69.79	70.63	70.48	75.05	73.17	71.84	64.54	65.96	71.63	75.06	68.25
	0.63	2.90	1.43	1.05	1.62	0.80	2.30	0.99	1.06	2.47	0.75	2.37	2.05	2.27	2.67	1.32
Doctor's clinic	9.47	11.67	10.37	9.22	9.41	9.94	8.69	9.78	9.99	9.67*	9.72	9.39	7.59*	8.09*	5.18*	7.89
	0.38	1.49	1.05	0.64	1.02	0.52	1.13	0.56	0.77	1.64	0.46	1.63	1.32	1.13	1.14	0.74
HMO ⁴	7.63	5.53*	8.99	6.52	4.82*	7.15	6.35*	8.91	7.38	8.33*	8.20	3.25*	8.74*	8.49*	5.38*	6.73
	0.36	1.24	0.96	0.70	0.92	0.49	1.18	0.70	0.60	1.62	0.47	0.76	1.55	1.56	1.65	0.85
Hospital OPD/ER ⁵	2.54	7.07*	2.99*	1.10*	1.27*	2.45	4.78*	2.00	1.18*	0.30*	2.00	5.70*	4.60*	2.87*	3.74*	4.34
	0.17	1.47	0.53	0.25	0.50	0.28	0.96	0.34	0.24	0.30	0.23	0.90	0.90	0.73	0.97	0.41
Other clinic/health center	3.96	11.03*	4.55*	3.17*	1.96*	4.31	6.12*	3.30	2.78	3.15*	3.45	6.97	4.96*	3.05*	4.20*	4.91
	0.21	1.75	0.75	0.47	0.58	0.45	1.12	0.36	0.42	0.98	0.27	1.07	0.80	0.76	1.14	0.44
Difficulty Obtaining Care																
Yes	3.67	11.00*	4.16	2.46*	1.78*	3.87	7.52*	2.25	2.50*	0.91*	2.82	11.14	4.08*	4.40*	2.77*	5.91
	0.23	1.78	0.63	0.43	0.45	0.38	1.24	0.25	0.39	0.36	0.25	1.46	0.99	1.01	0.86	0.65
No	96.33	89.00	95.84	97.54	98.22	96.13	92.48	97.75	97.50	99.09	97.18	88.86	95.92	95.60	97.23	94.09
	0.23	1.78	0.63	0.43	0.45	0.38	1.24	0.25	0.39	0.36	0.25	1.46	0.99	1.01	0.86	0.65
Delayed Care Due to Cost																
Yes	6.75	26.01	7.33	5.30	3.52*	7.89	19.87	4.36	2.52*	1.43*	5.37	17.30	7.60	4.95*	2.89*	8.93
	0.28	3.04	0.85	0.56	0.70	0.50	2.07	0.38	0.31	0.61	0.30	1.93	1.03	0.81	1.01	0.69
No	93.25	73.99	92.67	94.70	96.48	92.11	80.13	95.64	97.48	98.57	94.63	82.70	92.40	95.05	97.11	91.07
	0.28	3.04	0.85	0.56	0.70	0.50	2.07	0.38	0.31	0.61	0.30	1.93	1.03	0.81	1.01	0.69

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1999

Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,680	1,126	4,492	4,257	1,588	11,463	2,063	11,528	5,387	720	19,697	1,755	2,181	1,650	867	6,453
	<i>147</i>	<i>70</i>	<i>150</i>	<i>100</i>	<i>55</i>	<i>204</i>	<i>84</i>	<i>178</i>	<i>115</i>	<i>42</i>	<i>200</i>	<i>69</i>	<i>96</i>	<i>77</i>	<i>44</i>	<i>150</i>
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ³	5.81	8.17*	6.77	5.86	5.54*	6.40	3.45*	5.54	3.62	5.40*	4.79	10.23	8.14	5.91*	6.45*	7.91
	<i>0.25</i>	<i>1.46</i>	<i>0.77</i>	<i>0.70</i>	<i>0.74</i>	<i>0.42</i>	<i>0.72</i>	<i>0.44</i>	<i>0.51</i>	<i>1.31</i>	<i>0.30</i>	<i>1.51</i>	<i>1.18</i>	<i>1.03</i>	<i>1.22</i>	<i>0.59</i>
Less than 1 year	9.51	11.40*	12.29	10.25	10.63	11.21	9.28	8.86	7.72	6.27*	8.49	9.07	9.80	10.46	8.64*	9.61
	<i>0.31</i>	<i>2.08</i>	<i>1.09</i>	<i>0.79</i>	<i>1.17</i>	<i>0.62</i>	<i>1.44</i>	<i>0.61</i>	<i>0.66</i>	<i>1.44</i>	<i>0.40</i>	<i>1.32</i>	<i>1.26</i>	<i>1.28</i>	<i>1.38</i>	<i>0.67</i>
1 to less than 3 years	19.42	28.25	19.85	17.30	19.42	19.67	21.32	18.08	18.29	19.25	18.52	23.18	22.59	20.94	18.26	21.74
	<i>0.42</i>	<i>3.26</i>	<i>1.40</i>	<i>1.15</i>	<i>1.47</i>	<i>0.77</i>	<i>1.99</i>	<i>0.70</i>	<i>0.94</i>	<i>2.57</i>	<i>0.54</i>	<i>1.85</i>	<i>1.89</i>	<i>1.99</i>	<i>1.97</i>	<i>1.17</i>
3 to less than 5 years	16.26	20.66	15.83	15.04	13.80	15.73	19.87	16.16	15.29	12.88*	16.19	19.16	16.18	17.58	16.56	17.40
	<i>0.38</i>	<i>2.83</i>	<i>1.08</i>	<i>1.09</i>	<i>1.35</i>	<i>0.66</i>	<i>1.76</i>	<i>0.71</i>	<i>0.87</i>	<i>1.91</i>	<i>0.47</i>	<i>1.70</i>	<i>1.82</i>	<i>1.66</i>	<i>2.32</i>	<i>0.97</i>
5 years or more	48.99	31.52	45.25	51.55	50.61	46.98	46.08	51.36	55.09	56.20	52.01	38.36	43.29	45.11	50.08	43.33
	<i>0.55</i>	<i>2.80</i>	<i>1.88</i>	<i>1.41</i>	<i>2.25</i>	<i>0.98</i>	<i>2.15</i>	<i>1.01</i>	<i>1.07</i>	<i>2.93</i>	<i>0.67</i>	<i>2.13</i>	<i>2.06</i>	<i>2.12</i>	<i>2.87</i>	<i>1.31</i>

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File, CY 1999 Access to Care Public Use File, supplemented by CY 1998 and CY 2000 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1999 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 25 (i.e., the 1999 Access to Care Public Use File) were taken from their Round 22 interview (i.e., the 1998 Access to Care Public Use File) or from their Round 28 interview (i.e., the 2000 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 *HMO* stands for Health Maintenance Organization.
- 5 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1999

Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,680	1,126	4,492	4,257	1,588	11,463	2,063	11,528	5,387	720	19,697	1,755	2,181	1,650	867	6,453
	147	70	150	100	55	204	84	178	115	42	200	69	96	77	44	150
Beneficiaries as a Percentage of Column Total³																
Quality of Care																
General Care																
Very satisfied	28.44	19.42	29.70	27.60	21.14	26.72	29.12	33.29	29.70	23.01	31.49	20.03	25.43	21.06	20.28	22.16
	0.68	2.94	1.58	1.13	1.90	0.95	2.34	1.15	1.48	2.22	0.96	2.27	1.92	2.26	2.33	1.27
(Very) Unsatisfied	3.43	6.03*	3.63*	3.86	3.64*	3.95	5.05*	1.87	3.47	3.39*	2.69	5.12*	4.92*	3.91*	5.25*	4.76
	0.18	1.58	0.59	0.58	0.81	0.35	0.83	0.28	0.47	1.05	0.26	0.77	0.87	0.73	1.33	0.51
Follow-up Care																
Very satisfied	17.55	17.01	19.55	16.02	10.31	16.71	18.60	20.53	16.36	15.07*	18.99	12.65	17.29	13.59	14.11	14.65
	0.52	2.69	1.27	1.14	1.26	0.71	1.79	0.93	1.14	1.86	0.71	1.78	1.76	1.62	1.82	0.93
(Very) Unsatisfied	3.11	3.93*	2.57*	2.86*	2.14*	2.75	6.17*	2.59	2.62*	3.72*	3.02	5.98*	3.25*	3.46*	3.12*	4.03
	0.18	1.25	0.58	0.48	0.57	0.33	1.21	0.28	0.42	1.17	0.25	0.93	0.72	0.70	0.94	0.51
Access/Coordination of Care																
Availability																
Very satisfied	10.05	11.76*	9.21	9.56	8.86	9.54	12.18	11.62	9.45	11.14*	11.07	6.77*	8.63*	7.84*	7.72*	7.80
	0.40	2.78	0.88	0.88	1.01	0.60	1.66	0.75	0.70	1.84	0.57	1.50	1.30	1.07	1.24	0.70
(Very) Unsatisfied	2.89	4.26*	2.36*	1.44*	1.15*	2.04	6.80*	2.78	2.74*	2.29*	3.18	5.11*	2.68*	2.82*	3.65*	3.50
	0.22	1.29	0.43	0.30	0.41	0.26	1.26	0.40	0.43	0.84	0.32	0.77	0.81	0.71	1.00	0.47
Ease of Access to Doctor																
Very satisfied	18.16	11.52	18.96	15.11	10.68	15.65	16.47	23.43	18.49	16.47*	21.10	8.65	16.90	14.34	14.28	13.65
	0.54	1.69	1.04	1.07	1.14	0.60	1.71	0.93	1.06	2.15	0.74	1.60	1.88	1.84	1.88	1.11
(Very) Unsatisfied	5.28	10.34*	5.28	5.30	6.35*	5.93	9.56	3.56	4.42	6.30*	4.52	8.78	5.80*	4.63*	7.00*	6.47
	0.24	2.34	0.73	0.60	0.87	0.49	1.57	0.33	0.49	1.76	0.33	1.06	1.04	0.88	1.31	0.53
Can Obtain Care in Same Location																
Very satisfied	13.89	9.92*	14.31	11.17	9.65	12.07	15.48	17.11	12.86	11.00*	15.56	10.23	14.58	11.35	10.69*	12.05
	0.45	2.46	1.00	0.96	1.12	0.59	1.75	0.85	0.92	1.54	0.63	1.55	1.65	1.55	1.64	0.93
(Very) Unsatisfied	4.27	6.59*	3.51*	3.25*	3.93*	3.77	7.90	4.11	4.23	2.77*	4.49	6.38*	4.39*	2.10*	5.24*	4.46
	0.26	1.74	0.64	0.47	0.76	0.38	1.35	0.46	0.53	0.88	0.38	0.89	0.85	0.61	1.37	0.50

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 1999

Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	37,680	1,126	4,492	4,257	1,588	11,463	2,063	11,528	5,387	720	19,697	1,755	2,181	1,650	867	6,453
	<i>147</i>	<i>70</i>	<i>150</i>	<i>100</i>	<i>55</i>	<i>204</i>	<i>84</i>	<i>178</i>	<i>115</i>	<i>42</i>	<i>200</i>	<i>69</i>	<i>96</i>	<i>77</i>	<i>44</i>	<i>150</i>
Beneficiaries as a Percentage of Column Total³																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	17.69	14.88	19.64	14.48	9.24	15.82	21.19	21.97	15.23	14.57*	19.78	14.11	17.66	12.09	12.72*	14.61
	<i>0.54</i>	<i>2.50</i>	<i>1.24</i>	<i>1.10</i>	<i>1.07</i>	<i>0.70</i>	<i>2.05</i>	<i>0.96</i>	<i>1.05</i>	<i>2.04</i>	<i>0.74</i>	<i>1.83</i>	<i>1.88</i>	<i>1.56</i>	<i>1.71</i>	<i>1.00</i>
(Very) Unsatisfied	5.10	8.90*	4.80	5.47	5.53*	5.55	10.23	3.78	4.60	3.13*	4.66	6.74	6.31*	5.06*	3.09*	5.68
	<i>0.24</i>	<i>1.87</i>	<i>0.71</i>	<i>0.61</i>	<i>0.74</i>	<i>0.42</i>	<i>1.63</i>	<i>0.37</i>	<i>0.44</i>	<i>1.09</i>	<i>0.32</i>	<i>0.95</i>	<i>0.97</i>	<i>0.91</i>	<i>0.92</i>	<i>0.56</i>
Doctor's Concern for Overall Health																
Very satisfied	19.51	18.24	20.89	16.73	14.42	18.19	21.67	22.77	19.44	15.17*	21.47	15.00	17.02	15.25	15.80	15.85
	<i>0.53</i>	<i>2.79</i>	<i>1.20</i>	<i>1.20</i>	<i>1.39</i>	<i>0.80</i>	<i>1.79</i>	<i>0.92</i>	<i>1.17</i>	<i>1.95</i>	<i>0.73</i>	<i>1.87</i>	<i>1.82</i>	<i>1.77</i>	<i>1.98</i>	<i>0.94</i>
(Very) Unsatisfied	4.74	5.74*	4.17*	5.47	4.23*	4.81	7.95	4.11	4.01	2.78*	4.44	7.61	5.50*	3.98*	4.56*	5.55
	<i>0.22</i>	<i>1.33</i>	<i>0.50</i>	<i>0.68</i>	<i>0.81</i>	<i>0.41</i>	<i>1.20</i>	<i>0.40</i>	<i>0.48</i>	<i>0.99</i>	<i>0.33</i>	<i>1.16</i>	<i>1.04</i>	<i>0.74</i>	<i>1.27</i>	<i>0.57</i>
Cost of Care																
Cost																
Very satisfied	16.80	13.02	18.46	15.17	12.80	15.92	13.01	20.69	15.80	14.81*	18.33	11.30	14.24	15.68	13.13*	13.66
	<i>0.54</i>	<i>2.28</i>	<i>1.22</i>	<i>1.09</i>	<i>1.26</i>	<i>0.78</i>	<i>1.88</i>	<i>0.91</i>	<i>1.02</i>	<i>1.94</i>	<i>0.64</i>	<i>1.67</i>	<i>1.67</i>	<i>1.82</i>	<i>1.87</i>	<i>1.00</i>
(Very) Unsatisfied	11.93	19.48	10.43	11.29	9.89	11.56	24.89	9.65	10.30	11.00*	11.48	18.19	12.57	13.04	10.94*	14.00
	<i>0.40</i>	<i>2.60</i>	<i>1.06</i>	<i>0.86</i>	<i>1.19</i>	<i>0.60</i>	<i>2.31</i>	<i>0.49</i>	<i>0.66</i>	<i>1.87</i>	<i>0.51</i>	<i>2.10</i>	<i>1.34</i>	<i>1.56</i>	<i>1.73</i>	<i>0.93</i>

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File, CY 1999 Access to Care Public Use File, supplemented by CY 1998 and CY 2000 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1999 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.
Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 25 (i.e., the 1999 Access to Care Public Use File) were taken from their Round 22 interview (i.e., the 1998 Access to Care Public Use File) or from their Round 28 interview (i.e., the 2000 Access to Care Public Use File).
- 3 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1999

Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	37,680	15,496	22,091	12,198	10,313	2,538	1,812
	<i>147</i>	<i>265</i>	<i>247</i>	<i>251</i>	<i>238</i>	<i>98</i>	<i>95</i>
Beneficiaries as a Percentage of Column Total							
Access to Care							
Usual Source of Care							
None ⁶	5.79	7.21	6.87	7.72	4.45	4.17*	4.11*
	<i>0.25</i>	<i>0.40</i>	<i>0.35</i>	<i>0.48</i>	<i>0.40</i>	<i>0.77</i>	<i>0.93</i>
Doctor's office	70.60	68.47	69.97	68.02	72.22	72.01	72.04
	<i>0.63</i>	<i>0.86</i>	<i>0.78</i>	<i>1.03</i>	<i>1.05</i>	<i>1.61</i>	<i>1.96</i>
Doctor's clinic	9.47	10.02	9.00	9.69	8.67	9.99	9.58
	<i>0.38</i>	<i>0.48</i>	<i>0.43</i>	<i>0.61</i>	<i>0.61</i>	<i>1.34</i>	<i>1.55</i>
HMO ⁷	7.63	9.40	8.60	9.90	5.83	4.13*	3.96*
	<i>0.36</i>	<i>0.58</i>	<i>0.50</i>	<i>0.69</i>	<i>0.56</i>	<i>0.71</i>	<i>1.02</i>
Hospital OPD/ER ⁸	2.54	2.04	2.16	1.97	3.50	3.48*	3.55*
	<i>0.17</i>	<i>0.31</i>	<i>0.20</i>	<i>0.33</i>	<i>0.35</i>	<i>0.59</i>	<i>0.67</i>
Other clinic/health center	3.96	2.87	3.40	2.70	5.32	6.23	6.76*
	<i>0.21</i>	<i>0.26</i>	<i>0.27</i>	<i>0.30</i>	<i>0.36</i>	<i>0.75</i>	<i>0.97</i>
Difficulty Obtaining Care							
Yes	3.67	2.05	1.87	1.67	7.05	10.42	12.84
	<i>0.23</i>	<i>0.24</i>	<i>0.22</i>	<i>0.27</i>	<i>0.57</i>	<i>1.26</i>	<i>1.73</i>
No	96.33	97.95	98.13	98.33	92.95	89.58	87.16
	<i>0.23</i>	<i>0.24</i>	<i>0.22</i>	<i>0.27</i>	<i>0.57</i>	<i>1.26</i>	<i>1.73</i>
Delayed Care Due to Cost							
Yes	6.75	3.54	3.59	2.57	13.60	13.50	17.05
	<i>0.28</i>	<i>0.28</i>	<i>0.27</i>	<i>0.28</i>	<i>0.69</i>	<i>1.26</i>	<i>1.72</i>
No	93.25	96.46	96.41	97.43	86.40	86.50	82.95
	<i>0.28</i>	<i>0.28</i>	<i>0.27</i>	<i>0.28</i>	<i>0.69</i>	<i>1.26</i>	<i>1.72</i>

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1999

Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	37,680	15,496	22,091	12,198	10,313	2,538	1,812
	<i>147</i>	<i>265</i>	<i>247</i>	<i>251</i>	<i>238</i>	<i>98</i>	<i>95</i>
Beneficiaries as a Percentage of Column Total							
Length of Association with Usual Source of Care	Continuity of Care						
No usual source ⁶	5.81	7.23	6.88	7.74	4.48	4.21*	4.15*
	<i>0.25</i>	<i>0.40</i>	<i>0.35</i>	<i>0.49</i>	<i>0.40</i>	<i>0.77</i>	<i>0.93</i>
Less than 1 year	9.51	9.17	8.96	9.05	10.34	10.42	9.69
	<i>0.31</i>	<i>0.50</i>	<i>0.41</i>	<i>0.57</i>	<i>0.62</i>	<i>1.21</i>	<i>1.48</i>
1 to less than 3 years	19.42	19.05	18.78	19.00	21.11	20.18	21.46
	<i>0.42</i>	<i>0.63</i>	<i>0.53</i>	<i>0.71</i>	<i>0.75</i>	<i>1.67</i>	<i>1.94</i>
3 to less than 5 years	16.26	15.30	16.24	15.09	16.58	17.57	17.04
	<i>0.38</i>	<i>0.57</i>	<i>0.50</i>	<i>0.72</i>	<i>0.76</i>	<i>1.43</i>	<i>1.85</i>
5 years or more	48.99	49.25	49.14	49.12	47.49	47.62	47.67
	<i>0.55</i>	<i>0.88</i>	<i>0.76</i>	<i>1.02</i>	<i>0.96</i>	<i>1.62</i>	<i>1.91</i>

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File, CY 1999 Access to Care Public Use File, supplemented by CY 1998 and CY 2000 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1999 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 25 (i.e., the 1999 Access to Care Public Use File) were taken from their Round 22 interview (i.e., the 1998 Access to Care Public Use File) or from their Round 28 interview (i.e., the 2000 Access to Care Public Use File).
- 3 *Indicators of good health* and *indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.
- 4 *No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.
- 5 ADL stands for Activity of Daily Living.
- 6 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 7 HMO stands for Health Maintenance Organization.
- 8 OPD stands for Outpatient Department; ER stands for Emergency Room.

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1999

Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	37,680	15,496	22,091	12,198	10,313	2,538	1,812
	<i>147</i>	<i>265</i>	<i>247</i>	<i>251</i>	<i>238</i>	<i>98</i>	<i>95</i>
Beneficiaries as a Percentage of Column Total⁶							
Quality of Care							
General Care							
Very satisfied	28.44	35.72	30.11	35.57	20.59	23.50	21.33
	<i>0.68</i>	<i>0.98</i>	<i>0.82</i>	<i>1.17</i>	<i>1.00</i>	<i>2.02</i>	<i>2.38</i>
(Very) Unsatisfied	3.43	2.12	2.33	1.61	5.97	9.61	10.68
	<i>0.18</i>	<i>0.22</i>	<i>0.20</i>	<i>0.23</i>	<i>0.42</i>	<i>1.43</i>	<i>1.70</i>
Follow-up Care							
Very satisfied	17.55	21.72	17.90	21.63	13.31	16.06	16.52
	<i>0.52</i>	<i>0.79</i>	<i>0.71</i>	<i>0.95</i>	<i>0.72</i>	<i>1.41</i>	<i>1.88</i>
(Very) Unsatisfied	3.11	1.94	1.95	1.50*	5.54	7.50	9.08
	<i>0.18</i>	<i>0.23</i>	<i>0.17</i>	<i>0.25</i>	<i>0.48</i>	<i>1.11</i>	<i>1.29</i>
Access/Coordination of Care							
Availability							
Very satisfied	10.05	11.18	9.81	10.85	9.24	10.74	11.17
	<i>0.40</i>	<i>0.61</i>	<i>0.49</i>	<i>0.72</i>	<i>0.56</i>	<i>1.13</i>	<i>1.48</i>
(Very) Unsatisfied	2.89	1.73	1.93	1.47	4.79	7.61	8.34
	<i>0.22</i>	<i>0.22</i>	<i>0.20</i>	<i>0.24</i>	<i>0.45</i>	<i>1.09</i>	<i>1.27</i>
Ease of Access to Doctor							
Very satisfied	18.16	24.54	20.32	24.80	10.87	10.90	10.41
	<i>0.54</i>	<i>0.94</i>	<i>0.76</i>	<i>1.12</i>	<i>0.70</i>	<i>1.14</i>	<i>1.36</i>
(Very) Unsatisfied	5.28	3.08	2.63	2.26	9.64	16.26	18.00
	<i>0.24</i>	<i>0.26</i>	<i>0.20</i>	<i>0.28</i>	<i>0.65</i>	<i>1.51</i>	<i>1.85</i>
Can Obtain Care in Same Location							
Very satisfied	13.89	18.46	14.78	18.59	10.03	10.82	11.36
	<i>0.45</i>	<i>0.71</i>	<i>0.58</i>	<i>0.84</i>	<i>0.69</i>	<i>1.18</i>	<i>1.55</i>
(Very) Unsatisfied	4.27	3.10	2.86	2.38	6.55	8.10	8.19
	<i>0.26</i>	<i>0.36</i>	<i>0.23</i>	<i>0.34</i>	<i>0.50</i>	<i>1.13</i>	<i>1.20</i>

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 1999

Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	37,680	15,496	22,091	12,198	10,313	2,538	1,812
	<i>147</i>	<i>265</i>	<i>247</i>	<i>251</i>	<i>238</i>	<i>98</i>	<i>95</i>
Beneficiaries as a Percentage of Column Total⁶							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	17.69	22.72	18.70	22.65	12.89	16.46	16.34
	<i>0.54</i>	<i>0.89</i>	<i>0.75</i>	<i>1.01</i>	<i>0.80</i>	<i>1.45</i>	<i>1.81</i>
(Very) Unsatisfied	5.10	3.22	3.27	2.53	8.65	11.07	12.41
	<i>0.24</i>	<i>0.30</i>	<i>0.24</i>	<i>0.34</i>	<i>0.59</i>	<i>1.53</i>	<i>1.62</i>
Doctor's Concern for Overall Health							
Very satisfied	19.51	24.24	19.89	24.35	15.22	18.58	18.62
	<i>0.53</i>	<i>0.79</i>	<i>0.67</i>	<i>0.95</i>	<i>0.84</i>	<i>1.79</i>	<i>2.13</i>
(Very) Unsatisfied	4.74	3.73	3.26	2.95	7.44	10.57	12.66
	<i>0.22</i>	<i>0.30</i>	<i>0.26</i>	<i>0.33</i>	<i>0.54</i>	<i>1.32</i>	<i>1.71</i>
Cost of Care							
Cost							
Very satisfied	16.80	21.80	18.04	22.15	11.49	13.74	13.90
	<i>0.54</i>	<i>0.80</i>	<i>0.67</i>	<i>0.92</i>	<i>0.76</i>	<i>1.16</i>	<i>1.57</i>
(Very) Unsatisfied	11.93	8.36	8.47	7.21	18.09	21.97	24.05
	<i>0.40</i>	<i>0.47</i>	<i>0.42</i>	<i>0.48</i>	<i>0.78</i>	<i>1.62</i>	<i>1.83</i>

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File, CY 1999 Access to Care Public Use File, supplemented by CY 1998 and CY 2000 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1999 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 Responses for sample persons not interviewed in Round 25 (i.e., the 1999 Access to Care Public Use File) were taken from their Round 22 interview (i.e., the 1998 Access to Care Public Use File) or from their Round 28 interview (i.e., the 2000 Access to Care Public Use File).

3 *Indicators of good health* and *indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.

4 *No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.

5 *ADL* stands for Activity of Daily Living.

6 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1999

Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	37,680	3,572	5,319	8,167	12,022	1,706	6,894
	<i>147</i>	<i>116</i>	<i>176</i>	<i>211</i>	<i>247</i>	<i>77</i>	<i>186</i>
Beneficiaries as a Percentage of Column Total							
Usual Source of Care							
Access to Care							
None ³	5.79	15.91	7.36	5.01	4.50	3.14*	3.19
	<i>0.25</i>	<i>1.40</i>	<i>0.66</i>	<i>0.40</i>	<i>0.40</i>	<i>0.69</i>	<i>0.41</i>
Doctor's office	70.60	56.51	65.99	78.93	78.31	81.11	55.47
	<i>0.63</i>	<i>1.61</i>	<i>1.21</i>	<i>0.98</i>	<i>0.95</i>	<i>1.70</i>	<i>1.39</i>
Doctor's clinic	9.47	7.92	10.13	12.61	9.41	10.82	5.82
	<i>0.38</i>	<i>0.91</i>	<i>0.89</i>	<i>0.75</i>	<i>0.61</i>	<i>1.65</i>	<i>0.52</i>
HMO ⁴	7.63	0.00	3.18	0.17*	3.84	0.20*	32.33
	<i>0.36</i>	<i>0.00</i>	<i>0.54</i>	<i>0.11</i>	<i>0.53</i>	<i>0.20</i>	<i>1.25</i>
Hospital OPD/ER ⁵	2.54	4.92	6.48	1.14*	1.84	1.84*	1.33*
	<i>0.17</i>	<i>0.69</i>	<i>0.65</i>	<i>0.20</i>	<i>0.28</i>	<i>0.69</i>	<i>0.26</i>
Other clinic/health center	3.96	14.74	6.86	2.13	2.10	2.89*	1.86*
	<i>0.21</i>	<i>1.22</i>	<i>0.70</i>	<i>0.28</i>	<i>0.28</i>	<i>0.74</i>	<i>0.34</i>
Difficulty Obtaining Care							
Yes	3.67	7.69	6.91	1.76*	2.26	1.35*	4.40
	<i>0.23</i>	<i>0.93</i>	<i>0.73</i>	<i>0.23</i>	<i>0.30</i>	<i>0.68</i>	<i>0.49</i>
No	96.33	92.31	93.09	98.24	97.74	98.65	95.60
	<i>0.23</i>	<i>0.93</i>	<i>0.73</i>	<i>0.23</i>	<i>0.30</i>	<i>0.68</i>	<i>0.49</i>
Delayed Care Due to Cost							
Yes	6.75	19.86	11.90	4.34	4.19	1.87*	4.53
	<i>0.28</i>	<i>1.32</i>	<i>0.86</i>	<i>0.36</i>	<i>0.35</i>	<i>0.60</i>	<i>0.53</i>
No	93.25	80.14	88.10	95.66	95.81	98.13	95.47
	<i>0.28</i>	<i>1.32</i>	<i>0.86</i>	<i>0.36</i>	<i>0.35</i>	<i>0.60</i>	<i>0.53</i>

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1999

Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	37,680	3,572	5,319	8,167	12,022	1,706	6,894
	<i>147</i>	<i>116</i>	<i>176</i>	<i>211</i>	<i>247</i>	<i>77</i>	<i>186</i>
Beneficiaries as a Percentage of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ³	5.81	15.95	7.43	5.04	4.51	3.13*	3.19
	<i>0.25</i>	<i>1.39</i>	<i>0.67</i>	<i>0.40</i>	<i>0.40</i>	<i>0.69</i>	<i>0.41</i>
Less than 1 year	9.51	7.74	10.68	7.87	8.01	10.74*	13.80
	<i>0.31</i>	<i>0.95</i>	<i>0.75</i>	<i>0.57</i>	<i>0.54</i>	<i>1.64</i>	<i>0.88</i>
1 to less than 3 years	19.42	18.15	22.83	16.86	16.24	12.71	27.73
	<i>0.42</i>	<i>1.29</i>	<i>1.09</i>	<i>0.93</i>	<i>0.71</i>	<i>1.62</i>	<i>0.95</i>
3 to less than 5 years	16.26	15.20	18.73	15.36	16.04	15.43	16.56
	<i>0.38</i>	<i>1.18</i>	<i>1.03</i>	<i>0.88</i>	<i>0.68</i>	<i>1.79</i>	<i>0.92</i>
5 years or more	48.99	42.96	40.32	54.87	55.19	57.99	38.72
	<i>0.55</i>	<i>1.89</i>	<i>1.14</i>	<i>1.00</i>	<i>0.93</i>	<i>2.35</i>	<i>1.29</i>

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File, CY 1999 Access to Care Public Use File, supplemented by CY 1998 and CY 2000 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1999 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 25 (i.e., the 1999 Access to Care Public Use File) were taken from their Round 22 interview (i.e., the 1998 Access to Care Public Use File) or from their Round 28 interview (i.e., the 2000 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 *HMO* stands for Health Maintenance Organization.
- 5 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1999

Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO ³
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	37,680	3,572	5,319	8,167	12,022	1,706	6,894
	147	116	176	211	247	77	186
Beneficiaries as a Percentage of Column Total⁴							
Quality of Care							
General Care							
Very satisfied	28.44	20.66	17.91	27.73	33.01	41.14	30.31
	0.68	1.69	1.12	1.48	0.93	2.48	1.33
(Very) Unsatisfied	3.43	4.32	4.76	2.51	2.98	2.43*	4.07
	0.18	0.68	0.53	0.30	0.30	0.65	0.44
Follow-up Care							
Very satisfied	17.55	12.34	11.61	16.32	20.49	22.20	19.97
	0.52	1.51	0.88	1.00	0.83	2.58	1.20
(Very) Unsatisfied	3.11	4.70	4.00	1.96	2.96	2.82*	3.28
	0.18	0.70	0.47	0.24	0.32	0.76	0.37
Access/Coordination of Care							
Availability							
Very satisfied	10.05	8.96	7.35	9.44	11.45	9.51*	11.04
	0.40	1.38	0.67	0.68	0.75	1.42	0.77
(Very) Unsatisfied	2.89	2.36*	3.93	1.84	3.27	1.59*	3.25
	0.22	0.47	0.57	0.33	0.47	0.59	0.44
Ease of Access to Doctor							
Very satisfied	18.16	11.00	9.72	17.89	20.70	23.22	23.00
	0.54	1.38	0.77	1.07	0.94	2.44	1.05
(Very) Unsatisfied	5.28	6.21	9.33	3.37	4.77	4.12*	5.14
	0.24	1.00	0.80	0.37	0.37	0.95	0.54
Can Obtain Care in Same Location							
Very satisfied	13.89	11.41	9.66	11.35	14.66	15.31	19.76
	0.45	1.46	0.78	0.79	0.71	1.94	1.06
(Very) Unsatisfied	4.27	4.22	4.67	3.86	4.57	2.96*	4.27
	0.26	0.76	0.57	0.46	0.46	0.84	0.55

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 1999

Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO ³
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	37,680	3,572	5,319	8,167	12,022	1,706	6,894
	<i>147</i>	<i>116</i>	<i>176</i>	<i>211</i>	<i>247</i>	<i>77</i>	<i>186</i>
Beneficiaries as a Percentage of Column Total⁴							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	17.69	12.66	11.28	15.46	20.40	23.36	21.71
	<i>0.54</i>	<i>1.54</i>	<i>0.77</i>	<i>0.96</i>	<i>0.89</i>	<i>2.51</i>	<i>1.10</i>
(Very) Unsatisfied	5.10	6.45	6.33	4.18	5.07	3.95*	4.92
	<i>0.24</i>	<i>0.88</i>	<i>0.57</i>	<i>0.37</i>	<i>0.45</i>	<i>0.78</i>	<i>0.46</i>
Doctor's Concern for Overall Health							
Very satisfied	19.51	12.61	14.10	17.00	22.72	23.73	23.56
	<i>0.53</i>	<i>1.51</i>	<i>0.98</i>	<i>0.98</i>	<i>0.77</i>	<i>2.13</i>	<i>1.15</i>
(Very) Unsatisfied	4.74	5.72	4.94	4.55	4.08	3.45*	5.79
	<i>0.22</i>	<i>0.70</i>	<i>0.52</i>	<i>0.43</i>	<i>0.40</i>	<i>0.79</i>	<i>0.52</i>
Cost of Care							
Cost							
Very satisfied	16.80	9.99	14.10	11.90	19.14	17.44	23.98
	<i>0.54</i>	<i>1.53</i>	<i>1.07</i>	<i>0.98</i>	<i>0.79</i>	<i>1.68</i>	<i>1.15</i>
(Very) Unsatisfied	11.93	22.15	11.53	15.44	9.79	8.14*	7.47
	<i>0.40</i>	<i>1.51</i>	<i>0.83</i>	<i>0.92</i>	<i>0.58</i>	<i>1.33</i>	<i>0.50</i>

Source: Medicare Current Beneficiary Survey, CY 1999 Cost and Use Public Use File, CY 1999 Access to Care Public Use File, supplemented by CY 1998 and CY 2000 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 1999 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.
Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 25 (i.e., the 1999 Access to Care Public Use File) were taken from their Round 22 interview (i.e., the 1998 Access to Care Public Use File) or from their Round 28 interview (i.e., the 2000 Access to Care Public Use File).
- 3 HMO stands for Health Maintenance Organization.
- 4 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.